



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Fisher	Duane	Randall	(808) 537-6100
MAILING ADDRESS (Street)			FAX
733 Bishop Street, Suite 1900			(808) 537-5434
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Starn O'Toole Marcus & Fisher			(808) 537-6100
MAILING ADDRESS (Street)			FAX
733 Bishop Street, Suite 1900			(808) 537-5434
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Laumaka LLC		
MAILING ADDRESS (Street)		FAX
3170 Noela Place		
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96815
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Patrick Shin		
MAILING ADDRESS (Street)		FAX
3170 Noela Place		
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96815

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

March 27, 2006

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Patrick Shin

NAME OF ORGANIZATION (if applicable)

Laumaka LLC

TELEPHONE

227-2901

MAILING ADDRESS (Street)

3170 Noela Place

FAX

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96815

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

3-28-06
(Date)